

Please type a plus sign (+) inside this box



UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 3399P102
		First Inventor Rikard M. Kjellberg, et al.
		Title Domain-Based Management of Distribution of Digital Content from Multiple Sources
		Express Mail Label No. EV336585191US

16424-5 PRO
06/19/03
06/19/03

APPLICATION ELEMENTS	
See MPEP chapter 600 concerning utility patent application contents	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 33]</i> (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>[Total Sheets 14]</i></p> <p>5. Oath or Declaration (unsigned) <i>[Total Pages 3]</i></p> <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all of the following are necessary</i>)</p> <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (<i>when there is an assignee</i>)</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS <input type="checkbox"/> Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application Information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS



or Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	(408) 720-8300	Fax (408) 720-8383

Name (Print/Type)	Jordan M. Becker		Registration No. (Attorney/Agent)	39,602
Signature			Date	06/19/03

<h1 style="margin: 0;">U.S. PTO</h1> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3>		PTO/SB/17 (01-03)																																																													
Effective 01/01/2003. Patent fees are subject to annual revision.																																																															
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Complete if Known																																																													
TOTAL AMOUNT OF PAYMENT		(\$)	1,098.00																																																												
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																																													
<input type="checkbox"/> Deposit Account		Large Entity Small Entity																																																													
Deposit Account Number 02-2666		Fee Code Fee (\$) <table border="1" style="margin-left: 20px;"> <tr><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td></tr> <tr><td>1052</td><td>50</td></tr> <tr><td>2053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920 *</td></tr> <tr><td>1805</td><td>1,840 *</td></tr> <tr><td>1251</td><td>110</td></tr> <tr><td>1252</td><td>410</td></tr> <tr><td>1253</td><td>930</td></tr> <tr><td>1254</td><td>1,450</td></tr> <tr><td>1255</td><td>1,970</td></tr> <tr><td>1404</td><td>320</td></tr> <tr><td>1402</td><td>320</td></tr> <tr><td>1403</td><td>280</td></tr> <tr><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td></tr> <tr><td>1453</td><td>1,300</td></tr> <tr><td>1501</td><td>1,300</td></tr> <tr><td>1502</td><td>470</td></tr> <tr><td>1503</td><td>630</td></tr> <tr><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>750</td></tr> <tr><td>1810</td><td>750</td></tr> <tr><td>1801</td><td>750</td></tr> <tr><td>1802</td><td>900</td></tr> <tr><td colspan="2" style="text-align: right; padding-top: 10px;">Fee Paid</td></tr> </table>		Fee Code	Fee (\$)	1051	130	1052	50	2053	130	1812	2,520	1804	920 *	1805	1,840 *	1251	110	1252	410	1253	930	1254	1,450	1255	1,970	1404	320	1402	320	1403	280	1451	1,510	1452	110	1453	1,300	1501	1,300	1502	470	1503	630	1460	130	1807	50	1806	180	8021	40	1809	750	1810	750	1801	750	1802	900	Fee Paid	
Fee Code	Fee (\$)																																																														
1051	130																																																														
1052	50																																																														
2053	130																																																														
1812	2,520																																																														
1804	920 *																																																														
1805	1,840 *																																																														
1251	110																																																														
1252	410																																																														
1253	930																																																														
1254	1,450																																																														
1255	1,970																																																														
1404	320																																																														
1402	320																																																														
1403	280																																																														
1451	1,510																																																														
1452	110																																																														
1453	1,300																																																														
1501	1,300																																																														
1502	470																																																														
1503	630																																																														
1460	130																																																														
1807	50																																																														
1806	180																																																														
8021	40																																																														
1809	750																																																														
1810	750																																																														
1801	750																																																														
1802	900																																																														
Fee Paid																																																															
Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP		Fee Description																																																													
The Commissioner is authorized to: (check all that apply)																																																															
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments																																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.																																																															
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																															
FEE CALCULATION																																																															
1. BASIC FILING FEE																																																															
Large Entity		Small Entity																																																													
Fee Code Fee (\$) <table border="1" style="margin-left: 20px;"> <tr><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1001</td><td>750</td></tr> <tr><td>1002</td><td>330</td></tr> <tr><td>1003</td><td>520</td></tr> <tr><td>1004</td><td>750</td></tr> <tr><td>1005</td><td>160</td></tr> </table>		Fee Code	Fee (\$)	1001	750	1002	330	1003	520	1004	750	1005	160	Fee Description <table border="1" style="margin-left: 20px;"> <tr><td>Fee Description</td></tr> <tr><td>2001</td><td>375</td></tr> <tr><td>2002</td><td>165</td></tr> <tr><td>2003</td><td>260</td></tr> <tr><td>2004</td><td>375</td></tr> <tr><td>2005</td><td>80</td></tr> </table>		Fee Description	2001	375	2002	165	2003	260	2004	375	2005	80																																					
Fee Code	Fee (\$)																																																														
1001	750																																																														
1002	330																																																														
1003	520																																																														
1004	750																																																														
1005	160																																																														
Fee Description																																																															
2001	375																																																														
2002	165																																																														
2003	260																																																														
2004	375																																																														
2005	80																																																														
1001 750		750.00																																																													
1002 330		165																																																													
1003 520		260																																																													
1004 750		375																																																													
1005 160		80																																																													
SUBTOTAL (1)		(\$) 750.00																																																													
2. EXTRA CLAIM FEES																																																															
Extra Claims		Fee from below																																																													
Total Claims 30 20* = 10		X 18.00 = \$180.00																																																													
Independent Claims 5 3* = 2		X 84.00 = \$168.00																																																													
Multiple Dependent																																																															
Large Entity		Small Entity																																																													
Fee Code Fee (\$) <table border="1" style="margin-left: 20px;"> <tr><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1202</td><td>18</td></tr> <tr><td>1201</td><td>84</td></tr> <tr><td>1203</td><td>280</td></tr> <tr><td>1204</td><td>84</td></tr> <tr><td>1205</td><td>18</td></tr> </table>		Fee Code	Fee (\$)	1202	18	1201	84	1203	280	1204	84	1205	18	Fee Description <table border="1" style="margin-left: 20px;"> <tr><td>Fee Description</td></tr> <tr><td>2202</td><td>9</td></tr> <tr><td>2201</td><td>42</td></tr> <tr><td>2203</td><td>140</td></tr> <tr><td>2204</td><td>42</td></tr> <tr><td>2205</td><td>9</td></tr> </table>		Fee Description	2202	9	2201	42	2203	140	2204	42	2205	9																																					
Fee Code	Fee (\$)																																																														
1202	18																																																														
1201	84																																																														
1203	280																																																														
1204	84																																																														
1205	18																																																														
Fee Description																																																															
2202	9																																																														
2201	42																																																														
2203	140																																																														
2204	42																																																														
2205	9																																																														
1202 18		2202 9		Claims in excess of 20																																																											
1201 84		2201 42		Independent claims in excess of 3																																																											
1203 280		2203 140		Multiple Dependent claim, if not paid																																																											
1204 84		2204 42		**Reissue independent claims over original patent																																																											
1205 18		2205 9		**Reissue claims in excess of 20 and over original patent																																																											
SUBTOTAL (2)		(\$)		348.00																																																											
*or number previously paid, if greater. For Reissues, see below																																																															
* Reduced by Basic Filing Fee Paid				SUBTOTAL (3)																																																											

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Jordan M. Becker	Registration No. (Attorney/Agent)	39,602	Telephone	(408) 720-8300
Signature				Date	06/19/03